



# Neighborhood Grants Program

Government of the District of Columbia  
Neighborhood Investment Fund

Internal Use Only

Project #:

Copy #:

## Attachment A Project Team & Workplan

**Project Name:** \_\_\_\_\_

- All proposed projects must be lead by a project team composed of at least 3 members, including a project coordinator. The project team is accountable for all aspects of project implementation and is the primary points of contact for the District and the NIF target area stakeholders.
- If there are additional project team leaders, please attach a separate sheet of paper titled "Attachment A – Supplement" and include the information below.

<b>Project Team</b>			
	<i>Project Coordinator</i>	<i>Project Team Member</i>	<i>Project Team Member</i>
Full Name			
Affiliation with Applicant			
Day Phone			
Email			

### Workplan

- List in chronological order the specific steps or activities for this project.
- Next to each step identify which project team member(s) will be responsible for leading that step or activity
- Estimate the start and completion date for each. Indicate if a step or activity is ongoing by writing that in the completion date field
- If additional space is necessary, please attach a sheet of paper titled “Attachment A – Supplement” and include the information below

Workplan			
Step/Activity	Responsible Team Member	Start Date	Completion Date

1) In the table below, please list each budget item and complete the "uses" and "sources" side of the table.									
2) This is password protected document. Only the project name and cells in the sources and uses table can be modified.									
Additional rows for budget items may also be inserted.									
Project Name:									
USES					SOURCES				
					Match				
Item Description	Quantity	Unit Cost	Other Charges (sales tax, delivery charges)*	TOTAL	In-Kind Donation (a)	Professional Services (b)	3rd Party Monetary Donations (c )	Volunteer Labor (d)	Grant Request (e)
			Subtotal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*Provide sales tax calculations for items to be purchased, not donated materials or services									
Total Applicant Match (a+b+c+d)				\$0.00					
Total Grant Request (d)				\$0.00					
Total Project Cost (a+b+c+d+e)				\$0.00					
Total Required Match				\$0.00					



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## Attachment C Match Pledge Form

**Project Name:** \_\_\_\_\_

- All proposed projects must document the required \$1:\$1 match
- Complete the tables below for the type of match proposed
- Summarize the total value of the pledge for each category in the Pledge Summary Table on the final page.
- Monetary pledges must be supported by a firm commitment letter or bank statement indicating the availability of funds
- If additional space is needed, please attach a separate sheet of paper titled “Attachment C – Supplement” and show the information in the table format below.

### 1. In-Kind Donated Material, Equipment, Supplies, Space

*(Items valued at their retail price; borrowed/leased equipment or space is valued at standard rental rate)*

A	B	C	D	E	F
Name	Company, Organization	Item Pledged	Unit Value (per item)	Units Pledged	Total Value of Pledge (Column D*E)
TOTAL					

**2. Professional Services**

*(Valued at their customary fair market rate, not to exceed \$75.00 per hour)*

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Name</b>	<b>Company, Organization</b>	<b>Services Pledged</b>	<b>Rate</b> (indicate hourly or flat)	<b>Units Pledged</b>	<b>Total Value of Pledge</b> (Column D*E)
<b>TOTAL</b>					

**3. 3<sup>rd</sup> Party Monetary Donations**

*(Monetary pledges must be supported by a firm commitment letter or bank statement indicating the availability of funds)*

<b>A</b>	<b>B</b>	<b>D</b>	<b>F</b>
<b>Name</b>	<b>Company, Organization</b>	<b>Was the donation received specifically for the NGP program?</b>	<b>Total Donation</b>
<b>TOTAL</b>			

**4. Volunteer Labor**

*(Valued at \$15.00 per hour. A minimum of 25% of the matching amount must be from volunteer labor)*

<b>Full Name (Please Print)</b>	<b>Signature</b>	<b>Contact #</b>	<b># Hrs. Pledged</b>	<b>Value per Hour</b>	<b>Total Value of Pledge</b>
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
				<b>\$15</b>	
<b>TOTAL</b>					

## 5. Total Pledge

Match Type	Number of Pledges	Total Match Value
In-Kind Donations of Material, Equipment, Space, etc.		
Professional Services		
3 <sup>rd</sup> Party Monetary Donations		
Volunteer Labor		
<b>Total</b>		

**The total match value shown above must match the total match value in the Attachment B- Project Budget.**



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## **Attachment D Location Waiver**

**Project Name:** \_\_\_\_\_

In order to request a waiver from the NIF target area location requirement, please respond to the following questions on a separate sheet of paper labeled "Attachment D"

- 1)** Discuss the reason for requesting a waiver to the requirement that the proposed project must be located within a NIF target area
- 2)** What is the alternative location? Why was it selected? (include the exact location and ward of the alternative site)
- 3)** Provide a detailed plan for how stakeholders in the NIF target area are notified of the project and how you plan to document their participation in the project.

*The decision on whether to grant the waiver request is at the sole discretion of the Office of the Deputy Mayor for Planning and Economic Development.*





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## Attachment E Application Checklist

Submitted?	Task
	Completed and Signed Application
	Project Narrative
	Project Workplan (Attachment A)
	Project Budget (Attachment B)
	Match Pledge Form (Attachment C)
	Location Waiver (if applicable) (Attachment D)
	Documentation of community support
	Documentation to support cost of budgeted items over \$500
	Copy of Form W-9 (Request for Taxpayer Identification Number and Certificate)
	IRS Letter of Determination and D.C. Tax Exempt Certificates
	Proof of registration with DCRA
	Applicant's most recent financial statement from the current fiscal year
	Original and Four (4) Copies of the Application, Narrative, and ALL Attachments
	<b>Physical Improvement and Beautification Projects</b>
	Letter of permission for use of public or private property
	Annual Maintenance Plan
	Annual Maintenance Budget and Funding Source
	Original and Four (4) copies of the above documents

